

TOWN OF CARVER
OFFICE OF THE TOWN CLERK
108 Main Street
Carver, MA 02330
town.clerk@carverma.org

INFORMATION REQUEST FORM

NAME:

ADDRESS:

PHONE:

EMAIL:

DETAILED
REQUEST:

I understand that I will be charged 20 cents per page photocopying fee and a possible \$15.21 per hour research fee. Prior to obtaining my request, I will be notified by the Town Clerk's office as to fees to be collected. I also understand that according to Massachusetts General Law, Chapter 66, Section 10, the Town Clerk's office has ten (10) days to respond to my request. The ten (10) days begin when the Town Clerk's office receives my request.

Please indicate how you wish to receive this information:

Mail

Email

Pick Up

Date: